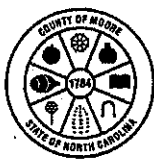


PERMIT # _____



**Moore County Health Department
Environmental Health Section
PO Box 279, Carthage, NC 28327
Phone (910) 947-6283
Fax (910) 947-5127**

**APPLICATION FOR SEWAGE DISPOSAL RECERTIFICATION
FOR MOBILE HOMES**

****Application must be completed and fees paid prior to visit.***

Receipt #: _____ Parcel ID/LRK #: _____
Owner: _____ Home Phone #: _____
Mailing Address: _____ Cell #: _____
_____ Email: _____
Representative: _____ Cell #: _____
Mobile Home Park (911 address): _____
Lot #: _____
Name of original property owner (when system was installed): _____
Approximate date septic system was installed: _____
Number of bedrooms: _____
Number of people served: _____

I hereby certify the information supplied herein is true and accurate to the best of my knowledge.
I hereby waive any claim for damages from any evaluation performed pursuant to this application.

Date: _____

Signature: _____
(Owner or Representative)

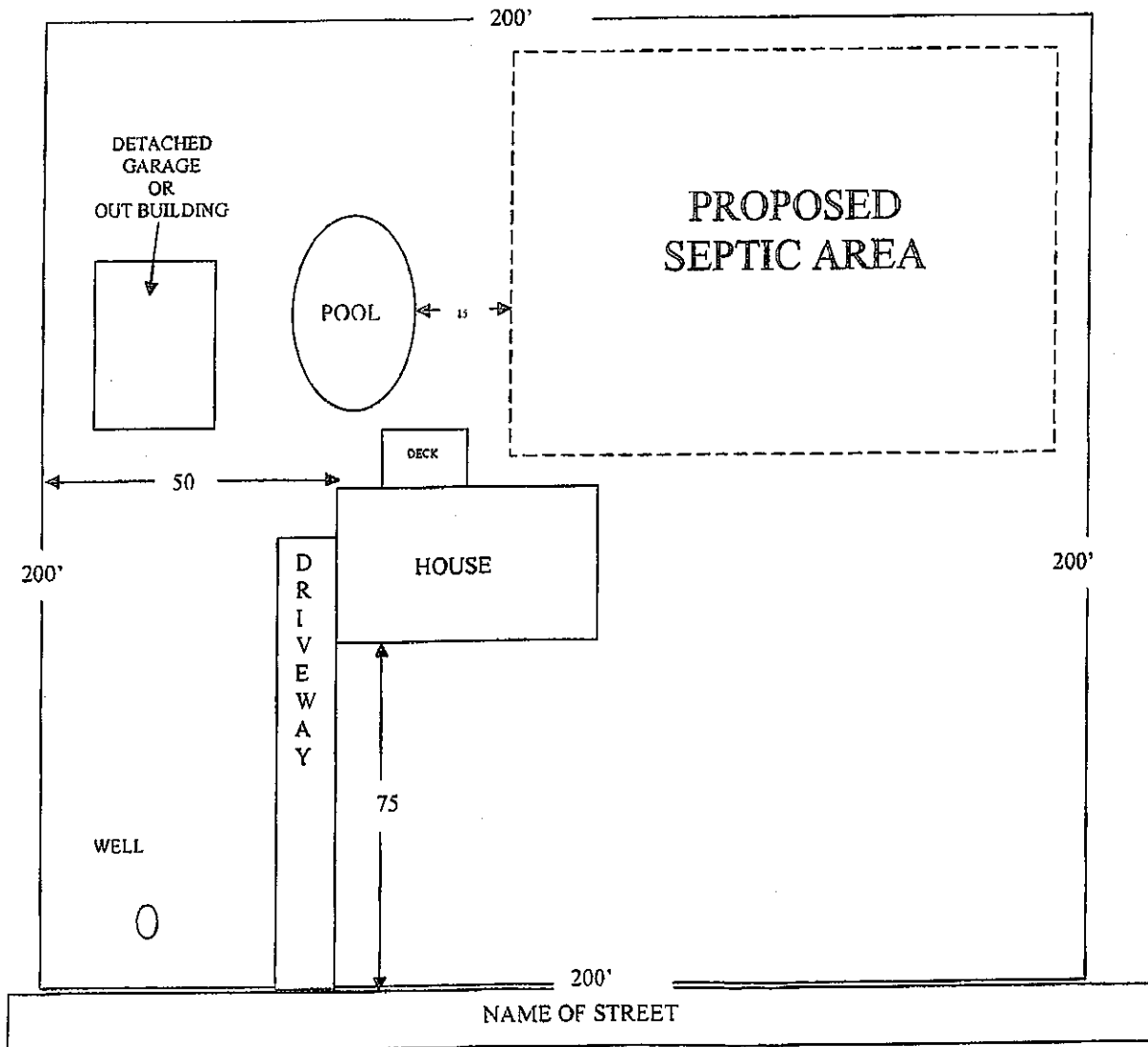
- * If the original septic permit cannot be located, then the applicant may be required to uncover the outlet end of the septic tank, check the "T" and portions of the drain field.
- * Septic systems are designed by the number of bedrooms, number of people served, and application rate of soil. If the number of bedrooms increases from the original septic permit, the applicant must fill out an additional application for soil evaluation, pay the fee, and if necessary update the septic system to accommodate the additional use change.
- * All fees are non-refundable after ninety (90) days or after visit to the property has been made.

SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- | | | |
|-----|--------------------------|---|
| | <input type="checkbox"/> | - The dimensions of the property. |
| | <input type="checkbox"/> | - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover. |
| | <input type="checkbox"/> | - The site you would prefer your septic system to go in. |
| | <input type="checkbox"/> | - The preferred driveway location. |
| | <input type="checkbox"/> | - The proposed well location. |
| | <input type="checkbox"/> | - A north arrow or other sufficient directional indicator. |
| N/A | <input type="checkbox"/> | - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. If there are none, circle "N/A" |
| N/A | <input type="checkbox"/> | - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. If there are none, circle "N/A". |
| N/A | <input type="checkbox"/> | - The location of any easements or rights of way on the property. If there are none, circle "N/A". |
| N/A | <input type="checkbox"/> | - The location of any designated wetlands on the property. If there are none, circle "N/A" |

USE THE BACK OR ANOTHER SHEET TO DRAW YOUR SITE PLAN:
SAMPLE BELOW:



County of Moore
Department of Health
705 Pinehurst Avenue • P.O. Box 279
Carthage, North Carolina 28327

Robert R. Wittmann, M.P.H.
Director

Telephone: 910-947-3300
Medical Records Fax: 910-947-1663
Administration Fax: 910-947-5837

Designation of Legal Representative

I, _____, hereby authorize
Property Owner (print)

_____ to serve as my legal
Legal Representative (print)

representative for the purpose of obtaining a permit to install, repair or expand an on-site wastewater system and/or well. I understand that submittal of the application for evaluation will authorize the Moore County Health Department to perform said evaluation on my property.

Address of Property: _____

Signature _____ Date _____
Property Owner

Signature _____ Date _____
Legal Representative

"To Protect and Promote Health through Prevention and Control of Disease and Injury."
<http://www.moorecountync.gov/health/>

Environmental Health
Telephone: 910-947-6283
Fax: 910-947-5127

WIC
Telephone: 910-947-2797
Appointments: 910-947-3271
Fax: 910-947-2460